FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informa	tion																
Name and Mailing Address of	of Re	spondent															
Nemont Telephone Cooperative, Inc PO Box 600 Scobey, MT 59263														Check here if this is a change of address.			
Period Covered by Report) Reporting Period (check one):																	
2019	The Control of the Co	overed by Rep h 2019	port)			Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)											
SECTION II - Full-Time Emplo	yees							0. [2] 10	or more (com	piete un seet	onay						
PO Box 600 Scobey, MT 59263 2. Year Report Filed 2019 SECTION II - Full-Time Employ Job Categories Executive/Senior Level Officials and Managers		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
			inic or	Not-Hispanic or Latino													
		La	ano			Ma	ale					Fen		Columns A - N			
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	E	F	G	Н	1	J	к	L	М	N	0	
	1.1			2						1			1			4	
	1.2		1	11						6						18	
Professionals	2			8		1				2						11	
Technicians	3			1												1	
Sales Workers	4									1						1	
	5			5				1		48			1	3	2	60	
Craft Workers	6			30		1		2	3	1						37	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9			5						1						6	
TOTAL	10	0	1	62	0	2	0	3	3	60	0	0	2	3	2	138	
PREVIOUS YEAR TOTAL	11	0	1	72	1	2	0	2	3	67	0	0	1	2	2	153	

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SECTION III - Part-Time Emp	oloyee	es.															
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories	Hispanic or		Not-Hispanic or Latino														
		Latino		Male										emale			
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
		Α	В	С	D	E	F	G	Н	Ī	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5									2						2	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2	
PREVIOUS YEAR TOTAL	11	0	0	2	0	0	0	1	0	3	0	0	0	0	0	6	
SECTION IV - Report of Disc	rimina	ation Compl	laints Pursua	nt to 47 CFF	22.321, 23.5	55, 90.168, 10°	1.4, and 101	.311.				•					
This is to advise to company before a This is to advise to (Attach a list indicate).	any bo	ody having co ommission th	ompetent juris at the followin	diction in suc g complaints	h matters dur alleging viola	ing the calend	ar year cove	red by this rep ny equal empl	ort. oyment oppor	rtunity statute	have been fil	ed against this	s company.				
SECTION V - Certification		ALIE CONTRACTOR OF THE PARTY OF															
I certify that to the best of my k	cnowle	edge, informa	ation, and beli	ef, all stateme	ents in this re	port are true a	nd correct.										
Date	11.00		Name of Pers	on Signing	Signature									Telephone No.			
05/22/2019	Mi	ike Kilg	gore		(406) 783-2200												
Title of Person Signing General Manager	WILLFULLY FALSE STATEMENTS MADE ON THIS FOR MARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).																